

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 130
Registered No. 211

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____

2. Full name of child Clemente Moreno
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Aug. 2, 1925
Month Day Year

8. FATHER
Full name Clemente Moreno
9. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.
10. Color or race Mex. 11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Chihuahua, Mex.
(State or country)

13. Occupation
Nature of industry Laundryman

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living _____
(b) Born alive but now dead _____
(c) Stillborn _____

14. MOTHER
Full maiden name Natalia Roman
15. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.
16. Color or race Mex. 17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Zacatecas, Mex.
(State or country)

19. Occupation
Nature of industry Housewife

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 9:05 A.M. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Byrill M. Brown M.D.
Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Ariz.
Month, day, year

Filed Aug 12, 1925 Registrar C. E. Davis

346-802-595